



**To:** Chief Elected Officials  
WIB Chairs

**From:** Monty Combs,  
Deputy Commissioner Finance/Controller *MC*

**Date:** December 9, 2005

**Subject:** DWD Communication 2005-07  
Authorized Signature and Depository Records

**Purpose:** The purpose of this communication is to update Authorized Signature/Depository records of Indiana's grant recipients that receive Training funds from the Indiana Department of Workforce Development.

**Rescission:** None

**Content:**

The grant recipients need to notify the Department of Workforce Development (DWD) in writing as soon as any additions, changes, or deletions occur to their Signature and Depository record files.

**Action:**

All Grant Recipient are to follow/use the attached instructions/forms to update their Authorized Signature and Depository Records. Should you have questions or need to confirm the information currently contained in your Authorized Signature/Depository Record Files, please contact your accountant. All changes, corrections, or updates to DWD Grant Recipient Authorized Signature/Depository Record files should be forwarded to DWD, attention: Supervisor of Grant Accounting.

Questions regarding this Communication may be addressed to the Supervisor of Grant Accounting at (317) 232-1802.

An individual Authorized Signature Record is required for each individual authorized by the Grant Recipient's signatory, to submit by signature any official document, request or report to the Department of Workforce Development. Document types (checks, claims, cash request, accrued expenditure reports, closeout reports, etc.) the individual is authorized to submit by signature need to be listed on the signature record.

A Depository Record for all funds received from the Department of Workforce Development must also be completed and signed by the Grant Recipient's authorized signatory. Should the authorized signatory for the grant recipient change or a depository need to be added or deleted, DWD will need to be notified and a new depository record will need to be submitted.

**Effective date:**

Immediately

**Review Date:**

None

**Ending Date:**

None

**Ownership:**

Grant Accounting

Attachment

DEPARTMENT OF WORKFORCE DEVELOPMENT

AUTHORIZED SIGNATURE RECORD

DOCUMENTS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Grantee \_\_\_\_\_

Customer # \_\_\_\_\_

Printed Name of Individual \_\_\_\_\_

Title \_\_\_\_\_

Signature of Individual \_\_\_\_\_

As signatory for the Grantee/Contractor above, I authorize the above named individual, whose signature appears hereon, to submit by signature the documents noted above pertaining to grant/contract agreements between this Grantee or Contractor and the Department of Workforce Development.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date